

Danger Assessment

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar as a guide, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale (if any of the descriptions for the higher number apply, use the higher number):

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. Beating up; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

Mark **YES** or **NO** for each of the following. (“He” refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

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| Has the physical violence increased in frequency over the past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the physical violence increased in severity over the past year and/or has a weapon or threat from a weapon ever been used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he ever try to choke you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a gun in the house? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has he ever forced you to have sex when you did not wish to do so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he use drugs? By drugs, I mean “uppers” or amphetamines, speed, angel dust, cocaine, crack, street drugs, or mixtures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he threaten to kill you and/or do you believe he is capable of killing you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is he drunk every day or almost every day? (In terms of quantity of alcohol.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does he control most or all of your daily activities? For instance: Does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you do not let him, check here: _____.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _____.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.") | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever threatened or tried to commit suicide? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has he ever threatened or tried to commit suicide? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is he violent toward your children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is he violent outside of the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Total "Yes" Answers _____

Source: Campbell, J. C. (1995). Prediction of homicide of and by battered women. In J. C. Campbell (Ed.), *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers*. Thousand Oaks, CA: SAGE Publications.